

proposed the measure on behalf of Americans for Death with Dignity, a sick person must have received a medical diagnosis saying that he or she is within 6 months of death, must voluntarily request assistance in dying, and must enlist two doctors to review the case. In addition, the California measure requires that a request for assistance be made twice, at least once in writing. If doctors question the competence of a patient, they can seek a psychiatric examination.

The high profile of these measures may produce general benefits for terminally ill patients. "Time after time, actions to ban assisted suicide or to reaffirm existing bans have been followed by advances and improvements in pain control," said Richard Doerflinger, Associate Director for Policy Development for the National Conference of Catholic Bishops. "When Rhode Island considered a new ban on assisted suicide in 1996, the state medical society objected

that such a ban would have an adverse effect on physicians' willingness to use drugs like morphine for aggressive pain control. But, in fact, the opposite happened. In the year following enactment of the ban, according to official figures from the Drug Enforcement Agency, Rhode Island more than doubled its per capita use of morphine for pain control, rising from 46th among the states to 19th in morphine use."

Euthanasia allowed in Dutch patient with dementia

see also p.268

Tony Sheldon, Utrecht

A physician in the Netherlands has escaped prosecution after helping an elderly patient with vascular dementia to die. In the first public case involving a patient with dementia, the patient was considered to have been competent to request assisted suicide, and the procedure was judged to be medically and legally sound.

The facts were reported in a case history in a Dutch medical journal (*Nederlands Tijdschrift Voor Geneeskunde* 1999;143:17). Dutch law states that doctors can avoid prosecution for assisted suicide only if their patient has persistently made an informed and voluntary request and is suffering unbearably and hopelessly. The patient in this case was considered "ill enough not to want to go on anymore, but...not so demented that he could not decide."

A complex protocol, the first of its kind in the Netherlands, was set up by the hospital involved, the Twents Psychiatric Hospital, to consider the patient's request. The case involved a 71-year-old man who had been diagnosed 4 years ago as having cerebral atrophy and multi-infarct dementia. Magnetic resonance imaging confirmed that his condition was deteriorating. He



Emile van Eeghen of Maine, a supporter of physician-assisted suicide whose father died from this method in the Netherlands

asked his doctor to help him to die because he did not want to cope with a further deterioration in his condition.

The patient's case was assessed by the hospital's chief psychiatrist, a committee of independent professionals, and an external psychiatrist. Four months after assessment, the patient died at home after drinking a high-dose solution of barbiturate given to him by his doctor. The public prosecutor approved the procedure after consultation with the national forum of procurators general.

The case has raised fears that it brings euthanasia for elderly patients with dementia a step closer. The Alzheimer's Foundation in the Netherlands warned: "Dementia itself could never be a reason for assisted

suicide because the patient is incapable of making an informed request."

The doctor involved in the case defended her actions, writing in the journal that she opposes euthanasia and assisted suicide for patients who are unable to express their will, and she agrees that most patients with dementia cannot. In this case, however, her patient was lucid at all times and able to understand the consequences of his request.

Medical director of the Royal Dutch Medical Association, Rob Dillmann, said that if a patient was in the early stages of dementia with an untreatable progressive neurological disease, but still clearly competent, then there was the possibility that physician-assisted suicide could be appropriate.